								Application or Docket Number							
PATENT APPLICATION FEE DETERMINATION RECOF								$D = \int_{\Omega} $							
Effective October 1, 2000										10/049,230					
		CLAIMS AS	S FILED - (Column		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAI				
TOTAL CLAIMS							1	RAT	E	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		•	BASIC FEE 355.00		OR	BASIC FEE	710.00			
TOTAL CHARGEABLE CLAIMS			· minus 20=		•			X\$ 9=		OR	X\$18=				
INDEPENDENT CLAIMS			minus 3 =		•			X40=			OR	X80=			
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=		OR	+270=				
• If	the difference	in column 1 is	less than zero, enter "0" in o			olumn 2	ļ	TOTAL			OR	TOTAL			
/ CLAIMS AS AMENDED - PART II												OTHER			
/6	2.20.04	(Column 1)	(Colun		mn 2)	(Column 3)	umn 3) SMA		LL E	NTITY	OR	SMALL			
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID		PRESENT EXTRA		RATI	E	ADDI- TIONAL FEE A		RATE	ADDI- TIONAL FEE		
AMENDMENT A	Total	. 24	Minus	3		= -		X\$ 9	=		OR	X\$18=			
	Independent	. 3	Minus	ک ۵۰۰۰	5	= -		X40:			OR	X80=			
L	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	'ENDEN	CLAIM		۱. ا	+135	=		OR	+270=			
								TO			, l	TOTAL ADDIT, FEE	/		
(Column 1) (Column 2) (Column 3)								addit. F	·ct	V		AUDII, FEE			
MENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM	HEST IBER OUSLY	PRESENT EXTRA		RATI	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
DME	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=			
AMEND	Independent	*	Minus	***		=		X40=	=		OR	X80=			
	FIRST PRESE	NTATION OF MU	ENDENT	CLAIM		 	+135			OR	+270=				
•							ı	10			OB	TOTAL			
								ADDIT. F			OR	ADDIT. FEE			
	**************************************	(Column 1) CLAIMS		(Colu		(Column 3)	1 .			400:	l '		ADDI		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	IBER	PRESENT EXTRA		RATI	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total		Minus	**		=] [X\$ 9	=		OR	X\$18=	·		
	Independent	•	Minus	***		=		X40=			OR	X80=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135			OR	+270=			
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL												TOTAL			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEEOH ADDIT. FEE															
•	The "Highest Num	ber Previously Pa	id For (Total o	Independ	dent) is the	e highest numbe	er fou	und in the	e ap	propriate bo	x jù co	olumn 1			